



APPLICATION FOR REGISTRATION OF AN ASSOCIATE DOG

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ABN 68 580 241 497

**PLEASE COMPLETE ALL DETAILS ON THIS FORM IN BLOCK LETTERS
 STERILISATION CERTIFICATE MUST ACCOMPANY THIS APPLICATION
 MICROCHIP STICKER OR PAPERWORK MUST ACCOMPANY THIS APPLICATION**

DETAILS OF DOG TO BE REGISTERED

NAME (ONE WORD ONLY)	SEX	COLOUR
BREED: "Associate Dog" (Please note: The breed will be recorded in the notes field only.)		DATE OF BIRTH
Microchip No.		

DETAILS OF OWNER/S

TITLE Mr Mrs Miss Ms	INITIALS	SURNAME	
RESIDENTIAL ADDRESS	SUBURB	POSTCODE	
DOGS WEST MEMBERSHIP NUMBER	TELEPHONE (HOME)	(BUSINESS)	

Signature..... Signature..... Date.....

OFFICE USE ONLY

RECIPT No.	AMOUNT
DATE RECEIVED	DATE POSTED
DATE ENTERED	ASSOC.DOG No.

PAYMENT BY CREDIT CARD

Expiry Date: ____ / ____ Amount \$ _____

Cardholders Name: _____

Bankcard
 Mastercard
 Visa

Card No. [] [] [] [] - [] [] [] [] - [] [] [] [] - [] [] [] []

Signature:

Please refer to the current fee list in the Canine News or website for applicable fee.
APPLICATIONS SUBMITTED WITH INSUFFICIENT PAYMENT WILL BE RETURNED